If you have been injured during the course of employment with the City of Lowell, the following steps should help you to obtain the benefits that you may be entitled to:

<u>IF EMERGENCY SERVICES (I.E. LIFE THREATENING, BLEEDING, HEAD INJURIES, SEVERE FRACTURES) ARE NECESSARY:</u>

- 1. If necessary, CALL 911. Seek out emergency care (via ambulance if necessary) at the closest emergency care facility to where you were injured.
- 2. If you are unable to complete your injury form your supervisor or department head shall complete an EMPLOYEE INJURY REPORT FORM on your behalf, and contact the Worker's Compensation Department immediately. The City's revised EMPLOYEE INJURY REPORT FORM is attached. No other report form should be used.
- 3. After emergency care, your first SCHEDULED APPOINTMENT MUST be with one of the City's preferred provider medical vendors.* (Please see Preferred Provider information). After emergency care, continue treating with the preferred provider or with a provider of you choice.
- 4. Ensure that medical documents are sent IMMEDIATELY to the Workers' Compensation Department. Your workers' compensation benefits and or request for medical treatment will not be provided without sufficient, supporting medical evidence and medical documentation. A decision on a claim must be made within 14 days of the Workers' Compensation Department receiving notice of you injury. Therefore, in order for this Department to provide benefits, your cooperation in obtaining medical documentation is critical.
- 6. Representatives from the Workers' Compensation Department will be contacting you to follow-up on your injury, explain benefits, and insure that you are receiving appropriate medical treatment. If you have not heard from a representative from this Office, it may be that we have not received your accident report. Please call 978-674-1517 to speak with the Nurse Case Manager or 978-674-1503 to speak with the Claims Manager

IF EMERGENCY SERVICES ARE NOT NECESSARY:

- 1. Complete a City of Lowell Employee Injury Report Form and give it to your supervisor. The City's revised Employee Injury Report Form is attached. No other report form should be used. Ensure that this report is sent to the Workers' Compensation Office within 24 hours of your accident.
- 2. If medical treatment is necessary, please report to one of the City's preferred provider and or schedule an appointment. You will receive an appointment within 24 hours of calling. The Workers' Compensation Office could also be contacted and a representative will make the appointment for you. YOUR FIRST SCHEDULED APPOINTMENT MUST BE WITH THE CITY'S PREFERRED PROVIDER.
- 3. Medical documentation will be sent to the Workers' Compensation Office by the preferred provider within 24 hours of treatment. Should you continue treatment outside

of the preferred provider network, ensure that all medical documentation is sent immediately to the Workers' Compensation Office.

*From M.G.L. c. 152 s. 30. "Except for the employee's first scheduled appointment, which, pursuant to the terms of a preferred provider arrangement entered into under this section may be required to be with a health care provider within the plan, the employee may select a treating health care professional other than any provided or agreed to by the insured (City) and may switch to another such professional once".

PREFERRED PROVIDER

LGH WALK-IN CENTER 10 Research Place, Suite 200 N. Chelmsford, MA 01863 978-458-6868

LGH WALK-IN CENTER 1230 Bridge Street Lowell, MA 01850 978-459-2273

GENERAL INFORMATION

If you have been injured on the job, an employee injury report form should be completed and sent to the Workers' Compensation Office via fax, mail or hand-delivery, regardless of whether time has been lost or medical treatment is necessary. The Workers' Compensation Department is using one form for reporting accidents (see attached). This form includes all of the information that may be needed to process a claim. This form should be completed in its entirety. If information requested is unknown, leave the line blank. This should not prevent an accident report from being forwarded to this Office within 24 hours. A supervisor's signature is requested solely for the purpose of notification that an injury occurred. A supervisor's signature does not indicate that the supervisor agrees/disagrees with the report, nor does it indicate that the supervisor witnessed the accident.

Receipt of an employee injury report form and medical documentation should be complete within 24 hours of an accident / injury.

Once the Workers' Compensation Office has been notified of your accident/injury and if you have lost time from work, the Nurse Case Manager and or the Claims Manager will be in contact with you and your department head/supervisor. The Nurse Case Manager and the Claims Manager is available to provide you with information, to explain your benefits, and to answer any questions that you may have.

Medical Coverage for an accepted work-related injury will be covered by the Workers' Compensation Office regardless of whether time has been lost due to the injury.

The Workers' Compensation Office can be contacted at any time with questions concerning your benefits or about Workers' Compensation in general. The Workers' Compensation Office can be contacted whether or not you have lost time from work.

The Department of Industrial Accident (DIA) is the State Department that oversees Workers' Compensation (M.G.L. c.152). The DIA can be contacted at 617-727-4900 for any information regarding the Workers' Compensation system including your rights and responsibilities as an injured worker.

Department of Industrial Accidents 1 Congress Street, Suite 100 Boston, MA 02114-2017 Phone: 617-727-4900; 1-800-323-3249

www.mass.gov

RETURNING TO WORK

If you have been out of work due to a work related injury, and have been receiving workers' compensation benefits, you must obtain a RETURN TO WORK NOTE from the City's preferred provide or from your treating physician. This note must be presented to the Workers' Compensation Office and to your Department.

If you have lost a short time from work due to a work related injury, and have not yet been notified if you are to receive worker's compensation benefits, you must still notify the Workers' Compensation Office that you have returned to the job.

Transitional, modified work will be offered by the City of Lowell to any employee who has been injured on the job and is capable of returning to work in a modified basis. You will be notified by your Nurse Case Manage or Claims Manager should you be eligible for modified work.

The goals of the Workers' Compensation Office is to insure that eligible, injured employees receive quality and timely medical services, receive timely benefits and return to their job as quickly as possible. Your Nurse Case Manager will remain in constant contact with you and you will be required to maintain contact and provide information to your Nurse Case Manager so that these goals will be met.

Contact Information

Karen A. Gagnon, Worker's Compensation/Claims Agent City of Lowell Law Department

Tel: 978-674-1503 Fax: 978-453-1510

Email: kgagnon@lowellma.gov

Patricia Svrcek, Nurse Case Manager City of Lowell Law Department

Tel: 978-674-1517 Fax: 978-453-1510

Email: psvrcek@lowellma.gov.